

Team Meeting Participant Survey

Dear Parents/Guardians:

The Team Meeting is important in establishing and maintaining open communication between home and school. Therefore your feedback about your recent Team Meeting is important to us as we strive to improve our partnership with you. Our collaboration is essential to your child's success.

Recently, you participated in a Team Meeting. Your response to this survey will help us make these meetings even more effective. When we all work together, great things can happen for our students!

Thank you in advance for your time and participation.

Alison Elmer

Director of Special Education



Arlington Public Schools

**869 Massachusetts Avenue
Arlington, MA 02476**

Alison Elmer
**Director of Special
Education**

Lynne Bennett
High School Coordinator

Chris Carlson
Out-of-District Coordinator

Stephanie Greiner
Middle School Coordinator

Kristin Burke
Elementary Coordinator

Sophie Prevost
Elementary Coordinator

Joyce Schlenger
**Early Childhood
Coordinator**

Team Meeting Participant Survey

Arlington Public Schools
Special Education
869 Mass Ave
Arlington, MA 02476
(781) 316-3533
(781) 316-3647 (fax)

Optional Information

Student Name: _____

Parent/Guardian: _____

School: _____

1. Teachers and administrators encouraged me to participate in the decision-making process
 yes *no* *not applicable*
2. I was an active participant and was able to voice concerns and ask questions in the meeting *yes* *no* *not applicable*
3. The process and criteria for special education eligibility was explained adequately to me
 yes *no* *not applicable*
4. My concerns and vision were included in the development of the IEP
 yes *no* *not applicable*
5. The Team made recommendations to address my child's educational needs
 yes *no* *not applicable*
6. I received a meeting summary and service delivery grid when I left the TEAM meeting
 yes *no* *not applicable*
7. I understood the recommendations made at the Team meeting concerning my child's educational program *yes* *no* *not applicable*
8. The school explained what options parents/guardians have if they disagree with a decision of the school district
 yes *no* *not applicable*
9. Please identify any team member(s) who has/have been particularly helpful or supportive to you or your child during this process.

Please return this survey with your signed IEP or mail directly to:

Arlington Public Schools
Special Education
869 Mass Ave
Arlington, MA 02476

Your comments are greatly appreciated and we invite you to share them below: